

Euthanasia: the final paradox

John Ellard

Objective: *The aim of this paper is to consider the history of human beings killing one another and reflect upon their reasons. Has it ever been altruistic?*

Method: *Important examples of large episodes of killing, such as wars, the Crusades, the Inquisition and genocides were examined.*

Results: *Reasons are always advanced for killing large numbers of people who did not want to die. They were not based on logic nor on altruism but on moralities constructed from religious and political beliefs. Those who wanted to die because of unrelievable pain involved in the process of dying from an incurable illness are always preserved against their wishes. Once more, the reasons were usually religious and/or politically supported.*

Conclusion: *The belief that it is acceptable to kill those who do not want to die but unacceptable to kill those who want to die provides a curious paradox.*

Key words: *euthanasia, terminal illness, wanting to die.*

The final paradox is that the two agencies, the Church and the State, which have had most to do with killing those who did not wish to die, remain implacably opposed to ending the suffering of those dying in unrelievable agony.

Since the beginning of history, the somewhat inappropriately named species *Homo sapiens* has been killing large numbers of its members who would have preferred to go on living. Putting aside individual murderers, the principal agents of death have been organized communities – ranging from great nations to tribes. Other entities involved have been religion and the law.

Most clinical psychiatrists practice in the real world in which there is much suffering. Even in a relatively peaceful country such as ours, free from suicide bombers and genocides, there are tragic accidents, shocking bereavements and many other causes of anguish.

As described above, the pain of living can become unendurable and apparently endless. Those suffering at this level are surely entitled to make their own decisions about their future. Psychiatrists are likely to be involved at this point and sometimes can make a significant contribution to the patient's wellbeing. At least he or she can be helped into a calmer frame of mind before making a decision. Again, there are many others likely to be distressed in the situation and a psychiatrist can also help there.

NATIONS

The viciousness of nations continues into our day. Reflect upon the number of wars in recorded history and imagine the pain, anguish and death that have accompanied them. There are estimates available for the wars of the last century or so; the dead, both military and civil, number many millions. The present is no better. A careful survey of deaths in Iraq estimated that by July 2006 there were 654 965 'excess deaths'; that is, fatalities above what would have probably occurred had the invasion not taken place. Of post-invasion deaths, 601 027 were due to violent causes.

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It has been calculated that in the 18 months after the Coalition invaded Iraq in 2003, putting aside the disaster in the city of Faluja, there were 98 000 more deaths in that time than there would have been had there been no invasion by the Coalition. Bombing and shelling caused most of the deaths and most of the dead were women and children.¹

To put it simply, the risk of violent death was 58 times higher after the invasion than before it. Australia is a member of the Coalition. Killing does not seem to have abated, nor is there any reason to believe that the rest of the world will remain at peace.

THE LAW

It is difficult to separate the administration of the Law from those who make the laws. Looking back, there is evidence to suggest that the Law is not necessarily the passive interpreter of the will of the people.

Let us confine our attention to the laws of England, as for many of us our heritage is to be found there. At the beginning of the 19th century there were in England more than 220 statutes containing the death penalty. Judicial interpretation expanded the list into more than 350 capital offences.² One of them was for counterfeiting the stamps used for the sale of perfumes and hair powder.³

The Civil Evidence Act of 1898 allowed those accused to take the witness stand to give evidence in their defence. Many judges opposed it, the Lord Chief Justice describing it as “a great public mischief”. The judiciary also blocked the establishment of a Court of Criminal Appeal for some 70 years. The judges argued that it would “worry prosecutors”, and that it would “undermine the responsibilities of juries”.²

It is interesting to consider the population with which the Law was concerned. Many of them were children. In 1808, Michael Hammond and his sister, aged 7 and 11 respectively, were hanged and in 1831 a boy was publicly hanged at Chelmsford. This was better than the days of George II, when 10 children under the age of 10 were hanged in a row.³

The Law of England gave up burning alive in 1789, a date of interest to Australians. In that year, Christian Murphy was burned for coining.³ To be fair, of all the civil structures to be considered in terms of reform, the Law is the most improved. Of course it depends on where one looks. Guantanamo Bay and Rendition still leave something to be desired.

THE CHURCH

We shall not concern ourselves with the ritual sacrifices of some of the older religions but turn more to our cultural heritage. The Bible sets the scene. In describing the revenge the Jews would take against those who had captured them and exiled them, Psalm

137: 9 reads “happy shall he be that taketh and dasheth thy little ones against the stone”.

The stones are much used. A woman who is not a virgin when she is married should be stoned to death by the men of the city in the door of her father’s house (Dt 22: 21). If a man has intercourse with a betrothed girl then both shall be stoned to death (Dt 22: 23) and the same fate awaits those who commit adultery (Dt 22: 22). Death is also the penalty for men who engage in homosexual intercourse or bestiality (Lv 20: 13, 15).

Since I have a special interest in attention deficit disorder with hyperactivity, I was particularly taken by the management of “stubborn and rebellious sons” who will not obey their parents. Their parents are to take them to the elders of the city. “And all the men of his city shall strike him with stones” (Dt 21: 18–20).

I feel that I am more at home with modern therapeutics than with the Biblical injunction. All the paragraphs set out above are difficult to reconcile with the sixth Commandment – “Thou shalt not kill”. The same may be said of some of the other activities of the Christian church.

There were eight Crusades in the 11th, 12th and 13th centuries. There were many massacres and there was much chaos.⁴ Estimates of the numbers killed in the Crusades ranged from two million to nine million. There was also the torture and the slaughter of witches. The Bible gives the command “Thou shalt not suffer a witch to live” (Ex 22: 18). Burning alive was the usual fate but hanging was preferred in England and the American colonies. In France, Scotland and Germany, it was the custom to strangle witches first, as an act of mercy, before hanging them and then cremating them. The questioning of witches was always accompanied by torture.

There was money in it for some. In Scotland, it was found that the burning of a witch consumed 16 loads of peat, as well as wood and coal. The costs had to be paid by the dead witch’s estate or relatives. If the sum was large, the bill went down to the witch’s next generation.

We have had a brief glance at some of the terrible things that have been inflicted upon those who wished to stay alive. Now let us contemplate a different population.

THE PARADOX

Let us turn our attention to those in severe pain and distress. Palliative care has failed them and they long for death. It is easy to consider issues like this sitting in a comfortable chair in a warm room, but let us venture into the real world and consider two cases. Both are from decades ago.

The first is a young woman with advanced, progressive pulmonary tuberculosis. Her disease is so virulent that it has damaged both her lungs extensively and entered the pleural cavities on both sides. More than that, on one side it has destroyed the chest wall and she lies in a sea of tuberculous pus. The disease process is unremitting and continuing.

In addition, she has advanced renal failure, and she is dying. Most of her waking hours are spent crying out in agony, and begging for relief and an end to it all. I arrived on the scene as a relatively new doctor but with 4 years of military service behind me. I spent some time making sure that my assessment of the situation was correct and then asked why she could not have morphine to reduce her distress. I was told that it might diminish her respiratory function and hasten her death. No one could suggest any alternate form of relief. She knew what she wanted. They were right about the morphine.

Then there are those without the capacity to make an informed decision. Consider a late-middle-aged man suffering from the form of motor neurone disease that involves both the cerebral cortex and the brain stem.

Because of the former, he was grossly demented and one could not communicate with him at all. Because of the brain stem problems, everything that went into his mouth went into both his lungs and his stomach. This included his saliva.

Accordingly, he spent his waking hours coughing, vomiting and bellowing with distress. His anguished relatives asked if nothing could be done to bring this horrifying situation to an end. It had been present for many months and showed no sign of coming to any sort of end. Something was done.

More often, motor neurone disease presents without dementia but with a progressive weakness, leading finally to respiratory paralysis. It can still be a devastating disease. An article in 2002 recorded that one in five patients with this disease in the Netherlands died as a result of euthanasia or physician-assisted suicide.⁵

The attitudes of those engaged in regulating our lives – or wishing to do this – are predictable.

The Commonwealth Parliament, which has manifested no concern about the deaths caused by our continuing participation in the slaughter in Iraq, found time in 2005 to pass the Criminal Code Amendment (Suicide Related Material Offences) Bill.

There is no problem about general discussions about euthanasia or suicide but (as I understand it) one must not discuss methods of suicide with a patient.

The New South Wales Parliament, presented with a bill on 'Rights of the Terminally Ill' in 2001 that sought to legalize voluntary euthanasia and "put an end to the terrible suffering and loss of dignity of some terminally ill patients", could not bring itself to pass it.

THE CHURCH AND THE LAW

Pope John Paul II approved a Declaration on Euthanasia in May 1980. Euthanasia was forbidden, as was any treatment that might diminish the patient's consciousness at the point of death as they go forward to meet Christ.

It seems to me that the Law does no more now than it is obliged to do, and I see no enthusiasm to stamp out euthanasia in those who have the carriage of the law. Perhaps its practitioners have realized what might happen to them one day.

THE MEDICAL PROFESSION

A 1994 postal survey of a random sample of 2000 registered medical practitioners in NSW and the ACT showed that about half of them had been asked to perform euthanasia and 28% had complied.⁶ Of practitioners asked to assist with suicide, 7% had complied. It is important to remember that many patients who wish to suicide have depressive illnesses that are treatable. One needs to take care with this population.

CONCLUSION

There have always been reasons to be discovered for killing those who did not want to die, and preventing the deaths of those who no longer wished to live. The reasons were not based on logic, nor on compassion, but on moralities derived from religious beliefs, or political goals.

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